Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
Our mission is to reduce the impact of substance abuse and mental illness on America’s communities.
TODAY’S TOPICS

- SAMHSA
- Treatment and Recovery optimization for persons SMI, Suicide Prevention
- Facing our Opioid epidemic
About SAMHSA

- One of several agencies in the HHS family of agencies
- The 21\textsuperscript{st} Century Cures Act (Dec 2016) elevated SAMHSA leadership to the Assistant Secretary level
- Activities: Block grant, grants and contracts, congressionally mandated
- General organization:
Other Health and Human Services Federal Agencies

- CMS/CMMI
- CDC
- FDA
- NIH
  - NIDA
  - NIAAA
  - NIMH
- AHRQ
- HRSA
- Surgeon General

Other partners:
- VA
- DOD
- ONDCP
Majority of those with AMI and SMI do not receive treatment
Receipt of Treatment NSDUH 2015

AMI 43.4 million adults

AMI no treatment  AMI received treatment

SMI 9.8 million adults

SMI no treatment  Smi received treatment
Disengagement From Treatment

> one-third of individuals with serious mental illnesses who have had some contact with the mental health service system disengage from care.

Younger age, male gender, ethnic minority background, and low social functioning have been consistently associated with disengagement from mental health treatment.

Individuals with co-occurring psychiatric and substance use disorders, as well as those with early-onset psychosis, are at particularly high risk of treatment dropout.

Interventions for engagement

- High risk periods for disengagement: transition after admission and early in treatment
- low-intensity interventions: appointment reminders
- high-intensity interventions: assertive community treatment, AOT, street psychiatry
- proactive outreach
  - Population management
  - Use of IT reminders
  - Apps?
Assisted Outpatient Treatment

- 4-2014 Authorizing Legislation: the Protecting Access to Medication Act of 2014, Section 224
- 12-2015 funds appropriated
- 4-2016 SAMHSA funding announcement.
- 6-2016 applications received deadline
- 9-2016 Selections announced

ADAMHSBCC in Ohio is a participant
Policy Debate: Value of AOT

- AOT: Assisted outpatient treatment
  - Outpatient Civil Commitment
- Pro: AOT facilitates engagement
- Con: AOT is forced coercive treatment
- Majority of states have some form of AOT law
- Very variable application in those states
Other Issues with AOT

- Should NOT be a substitute for treatment
- Duration of 6 months seems to be more effective
- Comparison AOT vs not AOT at 12-month follow-up
  - Lower risk of suicide
  - Better social functioning
  - Less likely to perpetrate violent behavior

US Suicide Rates are rising

Figure 1. Age-adjusted suicide rates, by sex: United States, 1999-2014

NOTES: Suicide deaths are identified with codes U03, X60-X84, and Y87.0 from the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision. Access data table for Figure 1.

Rates of ED visits with suicidal Ideation

SAMHSA resources:
- Tool kit
- Children
- Adults
- SUD
- College Campus
- American Indian resources
Deconstructing Suicide Deaths in the U.S.

Data Sources:
1. CDC WISQARS 2010
2. CDC WONDER 2010
4. DoD SER CY 2011 Report
5. Trofimovich et al 2012
6. Department of Veterans Affairs 2012
7. CDC WISQARS 2010 & Owens et al, 2002
Recent focus: Zero Suicide

“We want to make healthcare Suicide Safe”
- Minnesota
- Missouri
- New York
- New Jersey
- Nevada
- Oklahoma
- Oregon
- Pennsylvania
On the Horizon for SMI

- ECHO model for opiate treatment and support of expert SMI Center of Excellence treatment
- Working with Treatment Advocacy Center and National Association of State Mental Health Program Directors to develop estimates of access to hospital beds and community treatment capacity
- [https://www.nasmhpd.org/content/clozapine-underutilizationaddressing-barriers](https://www.nasmhpd.org/content/clozapine-underutilizationaddressing-barriers)
- Cognitive enhancement therapy techniques to enhance Supported employment success rates
New SAMHSA Resource: Treatment Guidelines

➔ New resource for patients and families
➔ General information on commonest mental disorders in adults and children and first line treatments
  • Therapy
  • Medication
  • Other issues
Comprehensive Addiction & Recovery Act of 2016 (CARA)

- Signed by President Obama on July 22, 2016
- The first major federal addiction legislation in 40 years
- Addresses the opioid epidemic through prevention, treatment, recovery, law enforcement, criminal justice reform, and overdose reversal
- Nurse Practitioners/Physician’s Assistants prescribing of buprenorphine is included in the law
U.S. Surgeon General’s *Turn the Tide* (2016) campaign to end the opioid epidemic: [www.turnthetiderx.org](http://www.turnthetiderx.org); [#TurntheTideRx](https://twitter.com/search?f=realtime&q=%23TurntheTideRx).

1) to educate prescribers and the public about opioids,
2) to change the cultural perception of addiction, and
3) to mobilize health care professionals to improve prescribing practices


- *Chronic Pain Alternatives*, National Institute of Health (2016)
New National Initiatives 2016

1. Governors Pledge: A Compact to Fight Opioid Addiction (46 states)
   http://wallaby.telicon.com/PA/library/2016/2016071580.HTM

2. Final rule expanding access to medication-assisted treatment
   http://blog.samhsa.gov/2016/07/11/final-rule-expanding-access-to-medication-assisted-treatment/#.V4zkJnIXIU


4. CDC Prescribing Guidelines on Opioid Prescribing released
   http://www.cdc.gov/drugoverdose/prescribing/guideline.html

5. 21st Century Cures Act of 2016 (incorporated the Helping Families in Mental Health Crisis Act)
   http://docs.house.gov/billsthisweek/20161128/CPRT-114-HPRT-RU00-SAHR34.pdf
- 2.5 Million people abuse opioids
- Only 200,000 have access to addiction treatment
- **$55 billion** in annual health and social costs related to prescription opioid misuse

**Everyday…**
- 650,000+ opioid prescriptions are dispensed
- 3,900 people initiate misuse of prescription opioids
- 1,000 people are treated in ERs for prescription opioid misuse
- 580 people initiate heroin use
- 78 people die from an opioid-related overdose
Opioid Prescriptions by State

Some states have more opioid prescriptions per person than others.

Number of opioid prescriptions per 100 people

- 52-71
- 72-82.1
- 82.2-95
- 96-143

SOURCE: IMS, National Prescription Audit (NPA™), 2012.
Primary non-heroin opiates/synthetics admission rates, by State or jurisdiction: 2001-2011 (per 100,000 population aged 12 and older)

NOTE: See Table 1.9b.
SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 10.15.12.
Figure 8. Nonmedical Use of Pain Relievers in the Past Year among Individuals Aged 12 or Older, by Substate Region: Percentages, Annual Averages Based on 2012, 2013, and 2014 NSDUHs

NOTE: For substate region definitions, see the "2012-2014 National Survey on Drug Use and Health Substate Region Definitions" at http://www.samhsa.gov/data/.

Rate of deaths from drug ODs has increased 137% since 2000, including a 200% increase in the rate of ODs involving opioids.
OPIOID OVERDOSES ARE DRIVING the INCREASE

Opioid overdoses driving increase in drug overdoses overall

Drug overdose deaths involving opioids, by type of opioid, United States, 2000-2014

Deaths involving any opioid

Natural & semi-synthetic opioids (e.g., oxycodone, hydrocodone)

Heroin

Other synthetic opioids (e.g., fentanyl, tramadol)

Methadone

SOURCE:

https://www.cdc.gov/drugoverdose/data/statedeaths.html
NEW Data: **Substance Use Disorders**

Sexual minority adults were more likely than sexual majority adults to have disorders related to their use of alcohol, use or misuse of illicit drugs, use of marijuana, or misuse of pain relievers.
Most Americans Say Federal and State Governments Are Not Doing Enough to Combat Prescription Painkiller and Heroin Abuse

Large Majorities Believe Wide Range of Strategies Would be Effective

More Than Four in Ten Know Someone Who Has Been Addicted; One in Five a Family Member; One in Five Americans Say a Family Member Did Not Get Needed Mental Health Care; Cost and Coverage Often Factors

<table>
<thead>
<tr>
<th>Individuals who use (prescription painkillers/heroin)</th>
<th>73%</th>
<th>77%</th>
</tr>
</thead>
<tbody>
<tr>
<td>The federal government</td>
<td>66%</td>
<td>62%</td>
</tr>
<tr>
<td>State governments</td>
<td>67%</td>
<td>61%</td>
</tr>
<tr>
<td>Doctors who prescribe prescription painkillers</td>
<td>68%</td>
<td>56%</td>
</tr>
<tr>
<td>Police officers who enforce drug laws</td>
<td>87%</td>
<td>86%</td>
</tr>
</tbody>
</table>

Source: Kaiser Family Foundation Health Tracking Poll (conducted April 12-19, 2010)
Intersection of Mental Health/Opioids

- Half of all prescriptions for opioid pain medications in the US “are written for people with anxiety, depression, and other mood disorders. (Journal of the American Board of Family Medicine)

- 19 percent “of the 38.6 million Americans with mood disorders use prescription opioids, compared to 5 percent of the general population — a difference that remained even when the researchers controlled for factors such as physical health, level of pain, age, sex and race.” (Caruso 6/26)
Intersection of Mental Health/Opioids

- The fact that adults with a mental illness receive more than 50 percent of the 115 million opioid prescriptions in the United States annually prompted researchers to suggest that improving pain management for people with mental health problems “is critical to reduce national dependency on opioids.”

- People with mental health disorders represent 16 percent of the U.S. population.
Medication Assisted Treatment (MAT)

- The use of pharmacotherapy to support recovery from opioid use disorder.
- To be of maximum benefit, evidence-based behavioral therapy and case management services must also be provided.
Medication Assisted Treatment (MAT)

- FDA-approved medication
  - Methadone
  - Buprenorphine/naloxone
  - Naltrexone

- Psychosocial treatments
  - Counseling: coping skills/relapse prevention
  - Education
  - Toxicology screening
  - PDMP use
Benefits of MAT

- Reduces all cause mortality
- Reduces HIV risk
- Improves adherence to medical treatment
- Improves social function
- Decreases criminal behaviors
- Decreases drug use
The Buprenorphine final rule was released July 6, 2016 and can be found here: https://federalregister.gov/a/2016-16120. Qualifying practitioners can now request a patient limit of 275. To qualify, the practitioner must have additional credentialing in addiction medicine or addiction psychiatry or provide services in a qualified practice setting as defined in the rule. The higher limit must be renewed every three years and carries with it additional responsibilities.
Assess the changes in the number of DATA-waivered physicians and OTPS on a quarterly basis.

Recent Progress –

As of March 2017, the following are the number of DATA-waivered physicians for each patient limit (PL):

- PL 30 – 25,300
- PL 100 – 9,300
- PL 275 – 3,010
- NPs with PL of 30 – 205
- PAs with PL of 30 – 55
Fortunately, we have made considerable progress in recent years.

First, decades of scientific research and technological advances have given us a better understanding of the functioning and neurobiology of the brain and how substance use affects brain chemistry and our capacity for self-control. One of the important findings of this research is that addiction is a chronic neurological disorder and needs to be treated as other chronic conditions are treated.

Second, this Administration and others before it, as well as the private sector, have invested in research, development, and evaluation of programs to prevent and treat substance misuse, as well as support recovery.

Finally, the enactment of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 and the Affordable Care Act in 2010 are helping increase access to prevention and treatment services.
Account for the State Response to the Opioid Abuse Crisis

• The Opioid Grant provision:
  • authorizes HHS Secretary to provide grants to states to supplement opioid abuse prevention and treatment activities. *(The Opioid STR grant awards were announced by Sec. Price on April 19)*
  • establishes a mandatory Treasury account and deposits $500 million in it for each of FY17 and FY18.
    • The Secretary may only withdraw funds that have been appropriated by Congress.
    • For FY17, the entire $500M was included in the CR that ran through April 28.
  • outlines a non-exhaustive list of allowable uses of the opioid grant funds to states.
  • requires states to report the uses for which funds were expended, the activities undertaken, and the ultimate recipients of funding.
  • sunsets the account at the conclusion of FY2026.
HHS Opioid Strategy

- Strengthening public health surveillance
- Supporting cutting-edge research
- Advancing the practice of pain management
- Targeting availability and distribution of overdose-reversing drugs
- Improving access to treatment and recovery services
SAMHSA to award nearly $1 billion in new grants to address the nation’s opioid crisis

Wednesday, December 14, 2016

The Substance Abuse and Mental Health Services Administration (SAMHSA) today announced the availability of new funding to combat the prescription opioid and heroin crisis. The funds, made available through the State Targeted Response to the Opioid Crisis Grants, will provide up to $970 million to states and territories over the next two years, beginning in fiscal year 2017.

"This funding holds the promise of saving and restoring thousands of lives throughout our nation," said Deputy Assistant Secretary for Mental Health and Substance Use Kana Enomoto. "These grants will allow communities, particularly those most devastated by the opioid crisis, to provide services that can promote prevention and deliver treatment and recovery to people needing help."
Pregnant and Post Partum women

SAMHSA is accepting applications for up to $47.5 million for the Services Grant Program for Residential Treatment for Pregnant and Postpartum Women

Tuesday, February 28, 2017

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for the Services Grant Program for Residential Treatment for Pregnant and Postpartum Women totaling up to $47.5 million over five years.

The purpose of this program is to expand comprehensive treatment, prevention and recovery support services for women and their children in residential substance use disorder treatment facilities, including services for non-
Grants to Expand Substance Abuse Treatment Capacity in Adult Treatment Drug Courts and Adult Tribal Healing to Wellness Courts

**Short Title:** SAMHSA Treatment Drug Courts

**Initial Announcement**

**Funding Opportunity Announcement (FOA) Information**

- **FOA Number:** TI-17-001
- **Posted on Grants.gov:** Friday, October 7, 2016
- **Application Due Date:** Monday, December 12, 2016

http://www.samhsa.gov/grants/grant-announcements/ti-17-001
Support for MAT, First Responders, Access to Opioid Reversal Medications

- **Medication-Assisted Treatment and Prescription Drugs Opioid Addiction:** Up to $28 million to 5 grantees to increase access of medication-assisted treatment for opioid use disorder. MAT combines behavioral therapy and FDA-approved medication.

- **First Responders:** Up to $41.7 million over 4 years available to approximately 30 grantees to train and provide resources for first responders and members of other key community sectors on carrying and administering medication for opioid overdose.
Support for MAT, First Responders, Access to Opioid Reversal Medications

» Improving Access to Overdose Treatment: Up to $1 million over 5 years to one grantee to expand availability to overdose reversal medications in healthcare settings and to establish protocols to connect patients who have experienced a drug overdose with appropriate treatment.
Exemptions for PAs/NPs under 42 CFR 8.11(h):

SAMHSA DATA 2016
Legislators considered at least 536 bills across 47 states related to prescription drug abuse prevention in 2016
Working together to make a difference

https://www.hhs.gov/opioids/index.html
Thank You!

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